

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) ATTORNEY FOR: (NAME)	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS COURT LOCATION: GOVERNMENT CENTER MAILING ADDRESS: 891 MOUNTAIN RANCH ROAD CITY & ZIP CODE: SAN ANDREAS, 95249	
PLAINTIFF: VS	
DEFENDANT:	
STIPULATION AND ORDER REFERRING MATTER TO ALTERNATIVE DISPUTE RESOLUTION	

The parties hereto stipulate and agree to be bound by an order referring this case to the following alternative dispute resolution process (check one box below):

- | | |
|--|--|
| <input type="checkbox"/> Private Mediation | <input type="checkbox"/> Binding Private Arbitration |
| <input type="checkbox"/> Private Settlement Conference | <input type="checkbox"/> Non-binding Private Arbitration |
| <input type="checkbox"/> Private Neutral Evaluation | <input type="checkbox"/> Judicial Arbitration |
| <input type="checkbox"/> Other ADR Process: _____ | |

The ADR process will be conducted by (name of neutral): _____

Provider's Address: _____

Provider's Telephone: _____ Fax: _____

- ☐ The ADR process will be conducted on (date): _____ OR
- ☐ The ADR process will be conducted on a date set by the neutral.
- ☐ The costs for the ADR process will be shared equally by parties, OR
- ☐ The costs will be borne as follows: _____

 Type or print name of ☐ party without attorney ☐ Attorney for
☐ Plaintiff/Petitioner ☐ Defendant/Respondent/Contestant

 (SIGNATURE) Attorney or party without attorney

 Type or print name of ☐ party without attorney ☐ Attorney for
☐ Plaintiff/Petitioner ☐ Defendant/Respondent/Contestant

 (SIGNATURE) Attorney or party without attorney

☐ Additional parties' consents are attached hereto on _____ (number) additional page(s).

It is ordered that the case is referred to the ADR process indicated above. Each party must appear at such ADR process with persons having full authority to resolve the dispute.

Date: _____

 JUDGE OF THE SUPERIOR COURT